

FILED JUN 4 1943
Registration District No. 53

Primary Registration District No. 3610

Registrar's No. 158

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(c) Name of hospital or institution 115 No. Middle St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 years
In this community 14 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MARGRET HELEN COLLINS

3. (b) If veteran, ✓ name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive 18 years (Month) (Day) (Year)

7. Birth date of deceased June 18, 1867
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 28 If less than one day hr. min.

9. Birthplace Warwick Co. Ind
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Sylvia Rucker
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Mary L. Willis
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ethel Schepper

(b) Address Cape Girardeau Mo

17. (a) Burial (b) Date thereof 5-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parish Mo

18. (a) Signature of funeral director Walters Und. Co

(b) Address Cape Girardeau Mo

19. (a) 5-17-43 (b) W. Phelps
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 115 No. Middle St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5/16 day 1943
year 4 hour 15 minute AM

21. I hereby certify that I attended the deceased from Jan 1937 to May 16 1943
that I last saw her alive on May 14 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia
Duration 5 days

Due to

Due to

Other conditions Infirm old age
(Include pregnancy within 3 months of death)

Major findings: Of operations 33a

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury

23. Signature W. Phelps (M. D. or other)

Address Cape Girardeau Mo Date signed 5-17-43

RECEIVED

District Health Officer No. 4
District File Number 643-2243
Date Filed 6-2-43

056 L N M

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Wm M. Ferguson

Licensed Embalmer No. 4253

P. O. Address.....

Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.